



U. S. Department of State
Bureau of Human Resources/Office of Retirement

NOTIFICATION OF DEATH

To	
Name of Deceased (<i>Last, First, MI.</i>)	Social Security Number of Deceased
Check One: <input type="checkbox"/> Foreign Service Annuitant <input type="checkbox"/> Foreign Service Survivor <input type="checkbox"/> Spouse of Foreign Service	
Date of Death (<i>mm-dd-yyyy</i>)	City and State of Death
Widow/Widower (<i>Last, First, MI.</i>)	Social Security Number of Widow/Widower
Address of Widow/Widower	

List Names of Children Under 22 Years of Age	List SSN of Children Under 22 Years of Age

Contact Person Name	Contact Person Address	Contact Person Phone Number	Relationship to Deceased

EXECUTOR OF ESTATE

Executor/Administrator Information

_____	_____
Name	Phone Number

Address	
_____	_____
City, State, ZIP Code	Date (<i>mm-dd-yyyy</i>)